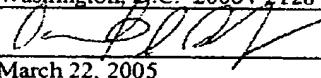


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/620,801
		Filing Date	07-17-2003
		First Named Inventor	Josef APPEL et al.
		Group Art Unit	2636
		Examiner Name	Julie B. Lieu
Total Number of Pages in This Submission	9	Attorney Docket Number	033171-67

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	
			Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	March 22, 2005

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March 22, 2005	
Date	Signature Kathleen M. McManus Typed or printed name

W643641.1

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(S)400.00**

<i>Complete if Known</i>	
Application Number	10/620,801
Filing Date	07-17-2003
First Named Inventor	Josef APPEL et al.
Examiner Name	Julie B. Lieu
Art Unit	2636
Attorney Docket No.	033171-67

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

19-2380(033171-67)

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 300	2001 150	Utility filing fee	
1002 200	2002 100	Design filing fee	
1003 200	2003 100	Plant filing fee	
1004 300	2004 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	

SUBTOTAL (1) **(S) 0**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
16	-20** =	0	X 50.	= 0
Independent Claims	5	-3** =	2 X 200	= 400.00
Multiple Dependent			X	= 0

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3.
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(S)400.00**

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053 130	1053 130	Non-English specification
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	1451 1,510	Petition to institute a public use proceeding
1452 500	2452 250	Petition to revive - unavoidable
1453 1,500	2453 750	Petition to revive - unintentional
1501 1,400	2501 700	Utility issue fee (or reissue)
1502 800	2502 400	Design issue fee
1503 1,100	2503 550	Plant issue fee
1460 130	1460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Stmt
8021 40	8021 40	Recording each patent assignment per property (times number of properties)
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))
1801 790	2801 395	Request for Continued Examination (RCE)
1802 900	1802 900	Request for expedited examination of a design application
Other fee (specify) _____		

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(S) 0**

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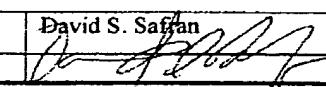
Kathleen M. McManus
Signature

Kathleen M. McManus

Typed or printed name

SUBMITTED BY

Complete if applicable

Name (Print/Type)	David S. Saffan	Registration No. (Attorney/Agent)	27,997	Telephone	(703) 827-8094
Signature				Date	March 22, 2005

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Docket No. 033171-67

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Josef APPEL et al.) Group Art Unit: 2636
Serial No. 10/620,801) Examiner: Julie B. Lieu
Filed: 07-17-2003) Confirmation No. 8996
For: PROCESS AND DEVICE FOR)
ADJUSTING A MOVABLE MOTOR)
VEHICLE PART)

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Kathleen M. McManus

AMENDMENT
U.S. Patent and Trademark Office
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401 Dulany Street
Alexandria, VA 22314

Sir:

The following is presented in response to the Office Action mailed December 22, 2004, in connection with the above-identified application.